

## HANFORD BERYLLIUM CURRENT EMPLOYEE QUESTIONNAIRE

This questionnaire is being used to gather information relating to previous beryllium exposure at Hanford. It is intended to be completed by employees who believe they are at risk of developing beryllium disease based on their exposure to beryllium. The information will be used to determine which facilities the employee worked in, what their estimated levels of beryllium exposure were, and what symptoms (if any) they have that may be related to beryllium exposure. The questionnaire is confidential, and will not be released to anyone without the written permission of the employee. Information obtained from this questionnaire relating to facilities and prior beryllium exposure levels will also be utilized in on-going programs to evaluate past beryllium exposure and prevent future exposures; however, any personal identifiers will be removed from the information. Information relating to beryllium exposure symptoms will be added to an employee's medical files at HEHF to assist in diagnosing any medical conditions that might be beryllium related.

Completion of this questionnaire is voluntary. However it is strongly recommended that any employee who believes that he/she had significant exposure to beryllium complete the questionnaire, as it will be useful both in diagnosing any beryllium-related medical conditions and in determining where and at what levels beryllium exposure may have occurred. The completed questionnaire should be returned to HEHF Beryllium, H1-04, where the medical information will be reviewed and added to your medical file. Since the medical information will be separated from the exposure information, be sure and print your name at the top of page 4 of the questionnaire. After the physician and industrial hygienist have reviewed the employee symptoms and exposure information, the employee will be contacted regarding the need for any follow-up work.

This questionnaire is intended to be used by current Hanford employees. A separate study is being performed by the University of Washington on former employees who believe that they may have been exposed to beryllium.

Name: \_\_\_\_\_ HID #: h \_\_\_\_\_ Payroll # \_\_\_\_\_

Date \_\_\_\_\_ Year you began work at Hanford: \_\_\_\_\_

POTENTIAL BERYLLIUM EXPOSURE HISTORY (complete for each suspect beryllium facility)

Facility \_\_\_\_\_

Dates worked in facility \_\_\_\_\_

Location worked at within facility (office or lab number, etc.) \_\_\_\_\_

Location where beryllium was used in facility (if known) \_\_\_\_\_

Nature of beryllium activities if known \_\_\_\_\_

Activities you performed while working in building \_\_\_\_\_

\_\_\_\_\_

Were you wearing respiratory protection \_\_\_\_\_

List any beryllium control measures used (i.e., fume hood, exhauster, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility \_\_\_\_\_

Dates worked in facility \_\_\_\_\_

Location worked at within facility (office or lab number, etc.) \_\_\_\_\_

Location where beryllium was used in facility (if known) \_\_\_\_\_

Nature of beryllium activities if known \_\_\_\_\_

Activities you performed while working in building \_\_\_\_\_

\_\_\_\_\_

Were you wearing respiratory protection \_\_\_\_\_

List any beryllium control measures used (i.e., fume hood, exhauster, etc.) \_\_\_\_\_

\_\_\_\_\_

POTENTIAL BERYLLIUM EXPOSURE HISTORY (Continued)

Page 3

(complete this page if you worked in more than 2 suspect beryllium facilities)

POTENTIAL BERYLLIUM EXPOSURE HISTORY (complete for each suspect beryllium facility)

Facility \_\_\_\_\_

Dates worked in facility \_\_\_\_\_

Location worked at within facility (office or lab number, etc.) \_\_\_\_\_

Location where beryllium was used in facility (if known) \_\_\_\_\_

Nature of beryllium activities if known \_\_\_\_\_

Activities you performed while working in building \_\_\_\_\_

\_\_\_\_\_

Were you wearing respiratory protection \_\_\_\_\_

List any beryllium control measures used (i.e., fume hood, exhauster, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility \_\_\_\_\_

Dates worked in facility \_\_\_\_\_

Location worked at within facility (office or lab number, etc.) \_\_\_\_\_

Location where beryllium was used in facility (if known) \_\_\_\_\_

Nature of beryllium activities if known \_\_\_\_\_

Activities you performed while working in building \_\_\_\_\_

\_\_\_\_\_

Were you wearing respiratory protection \_\_\_\_\_

List any beryllium control measures used (i.e., fume hood, exhauster, etc.) \_\_\_\_\_

\_\_\_\_\_

Employee Name (Please Print) \_\_\_\_\_  
(please enter your name above for adding this information to your medical file)

Page 4

#### POTENTIAL BERYLLIUM EXPOSURE SYMPTOMS

Please check any of the following symptoms of beryllium exposure that you are experiencing:

- \_\_\_ cough
- \_\_\_ chest pain
- \_\_\_ shortness of breath, especially with exertion.
- \_\_\_ weight loss
- \_\_\_ fatigue
- \_\_\_ weakness

1. Have you been told you have an ongoing lung disease?

yes\_\_\_\_\_ no\_\_\_\_\_

If yes, what is the diagnosis:\_\_\_\_\_

2. Have you been told you have an abnormal chest X-ray?

yes\_\_\_\_\_ no\_\_\_\_\_

3. Have you been told you have an abnormal pulmonary function test (breathing test)?

yes\_\_\_\_\_ no\_\_\_\_\_